

Survey on working environment, lifestyle, and cancer risk among Norwegian offshore workers

Questionnaire translated from Norwegian

BACKGROUND QUESTIONS

Have you been working 20 days or more on a stationary or moveable platform (installation) on the Norwegian continental shelf?

- ☐ Yes. Please answer all questions and return the questionnaire
☐ No. Please answer question 1 *only* and return the questionnaire
-

1. What year were you born? 19

2. Marital status. Tick *one* category only.

- ☐ Single
☐ Cohabitant/married
☐ Separated/divorced
☐ Widow/widower

3. a) Do you have children?

- ☐ Yes
☐ No → *Continue with question 4*

3. b) How many children do you have? ■ number of children

3. c) How old were you when your first child was born? ■ years of age

4. What is your highest level of completed education? Tick *one* category only.

- 1 ☐ Primary and lower secondary (compulsory)
2 ☐ Folk high school (one-year boarding school)
3 ☐ Upper secondary
4 ☐ Vocational training
5 ☐ University/college

5. What is your current employment status? Tick *one* category only.

- ☐ Employed in work offshore or onshore/offshore tours
☐ Employed in other work
☐ Student
☐ Unemployed/on leave
☐ On sick leave/rehabilitation
☐ Recipient of disability benefit
☐ Retired

CURRENT OR LAST POSITION OFFSHORE (questions 6-15)

6. What is your current or was your last position offshore?

If you have or had a combined position, please report as "CRANE OPERATOR/MECHANIC", "ROUSTABOUT/HELICOPTER WATCH", and so on.

Position (type of occupation) [REDACTED]

7. What year did you start in this position? (Questions on any earlier positions offshore follow on the subsequent pages)

19[REDACTED]

8. For how long did you stay in this position? years and months

9. In which of the following categories does this position belong? Tick *one* category only. For combined positions, Tick the category corresponding to the main area of work.

- | | |
|---|---|
| <input type="checkbox"/> Drilling/well maintenance | <input type="checkbox"/> Maintenance/inspection/deck/construction |
| <input type="checkbox"/> Office/administration/health | <input type="checkbox"/> Production/process |
| <input type="checkbox"/> Catering/cleaning | <input type="checkbox"/> Maritime positions |

10. Do you or did you have any managerial or supervisory responsibility in this position?

- ☐ Yes
☐ No

11. What kind of work schedule do you have or did you have in this position? Tick for the schedule you maintained for the longest time period:

- ☐ Daytime
☐ Nighttime
☐ Shiftwork

12. What type of company do you or did you work for in this position?

- ☐ Operator company
☐ Contractor company

13. What is or was the name of the installation you work or worked on in this position?

If you have been working on several installations, name the one you worked on for the longest time period:

14. What kind of installation is or was this?

- ☐ Stationary
☐ Movable

15. a) In this position, do you work or did you work...

- ☐ Both offshore and land-based (combined onshore/offshore)
☐ Full-time offshore. *Jump to question 16*

15. **b) Report the average proportion of offshore work in this position?**
☐ ca ¾ of the time
☐ ca ½ of the time
☐ ca ¼ of the time
16. **Have you held more than one position offshore?** A “position” is defined as the time you had the same occupational title with the same employer. If you, for example, changed from a drill floor crew to a derrickman, you start in a new position. If you were working full-time offshore in one period, and held a combined position (onshore and offshore) in another period, these two positions are defined as two separate positions.
☐ Yes → *Continue with question 17*
☐ No → *Continue with question 29*

EARLIER POSITIONS OFFSHORE (questions 17–28)

17. **What year did you first start in a position offshore?** 19
18. **What kind of offshore position did you hold at that time?** If you had a combined position, please report as “CRANE OPERATOR/MECHANIC”, “ROUSTABOUT/HELICOPTER WATCH”, and so on.

 Position (type of occupation)
19. **For how long did you stay in this position?** years and months
20. **In which of these categories does the position belong?** Tick *one* category only. For combined positions, Tick the category corresponding to the main area of work.
☐ Drilling/well maintenance ☐ Maintenance/inspection/deck/construction
☐ Office/administration/health ☐ Production/process
☐ Catering/cleaning ☐ Maritime positions
21. **Did you have any managerial or supervisory responsibility in this position?**
☐ Yes
☐ No
22. **What kind of work schedule did you have in this position?** Tick for the work schedule you maintained for the longest time period:
☐ Daytime
☐ Nighttime
☐ Shiftwork
23. **What type of company did you work for in this position?**
☐ Operator company
☐ Contractor company

24. What is or was the name of the platform/installation you worked on in this position? If you were working on several installations, name the one you worked on for the longest time period:
25. What kind of installation was this?
☐ Stationary
☐ Movable
26. a) In this position, do you work or did you work...
☐ Both offshore and land-based (combined onshore/offshore)
☐ Full-time offshore. *Continue with question 27*
26. b) Report the proportion of offshore work in this position?
☐ ca ¾ of the time
☐ ca ½ of the time
☐ ca ¼ of the time
27. Have you held more than one position offshore?
☐ Yes. → *Continue with question 28*
☐ No. → *Continue with question 29*
28. In this section, we ask you to state any other position you have held offshore. Also include work in the British offshore sector and other offshore sectors. Fill in the tables below in the same way as you responded to question 6–15 and 17–26. Please use one table for each position held, although you may merge several short-term positions, of the same type, into one table.

| | | | | | | |
|---|---|--|---|---|---|--|
| Example: You worked for the drilling company Maersk on the installation Maersk Guardian. You worked as a drill floor worker from May 1992 until you started as a derrick man in October 1995. You were not a manager, and worked mainly daytime. Please report as follows (red text): | | | | | | |
| Position: DRILL FLOOR WORKER | | | | | | |
| Category: <input checked="" type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 92 | 3 years 5 months | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Contractor | <input checked="" type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input checked="" type="checkbox"/> Movable |
| MAERSK GUARDIAN | | | | | | |
| Installation name: | | | | | | |
| Proportion of work hours offshore in this position: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time or less | | | | | | |

Fill in table 1–6 as shown in the example:

Table 1

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

Table 2

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

Table 3

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

Table 4

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

Table 5

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

Table 6

| | | | | | | |
|--|---|---|--|--|--|---|
| Position: | | | | | | |
| Category: <input type="checkbox"/> Drilling/well maintenance <input type="checkbox"/> Maintenance/inspection/deck/construction <input type="checkbox"/> Office/administration/health <input type="checkbox"/> Production/process <input type="checkbox"/> Catering/cleaning <input type="checkbox"/> Maritime positions | | | | | | |
| Start year | For how long did you stay in this position? | Manager/supervisor | Work schedule | Type of company | Sector | Installation |
| 19 | years months | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift | <input type="checkbox"/> Operator <input type="checkbox"/> Contractor | <input type="checkbox"/> Norwegian <input type="checkbox"/> British <input type="checkbox"/> Other | <input type="checkbox"/> Stationary <input type="checkbox"/> Movable |
| Installation name: | | | | | | |
| Proportion of work time offshore in this position: <input type="checkbox"/> Full-time <input type="checkbox"/> ca ¾ of the time <input type="checkbox"/> ca ½ of the time <input type="checkbox"/> ca ¼ of the time | | | | | | |

WORKING ENVIRONMENT OFFSHORE

29. During your work offshore, do you or did you experience any of the exposures mentioned below? If yes, **report the proportion of the working hours you experienced such exposure**. For each question, please Tick the one of the six categories that fits best: almost all of the working hours, ca $\frac{3}{4}$ of the working hours, ca $\frac{1}{2}$ of the working hours, ca $\frac{1}{4}$ of the working hours, rarely, and never.

Report the proportion of the working hours, during your current or last position, you were exposed to:

| | Tick <i>one</i> box for each row | | | | | |
|--|----------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------|--------------------------|
| | Almost all the time | $\frac{3}{4}$ of the time | $\frac{1}{2}$ of the time | $\frac{1}{4}$ of the time | Rarely | Never |
| Heavy physical work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sedentary work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noise..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Passive smoking in working- and/or break room..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin contact with detergents and/or disinfectants..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin contact with oil or diesel..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oil vapour from shaker and other mud cleaning..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaust fumes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Natural gas (from sampler, water cleaning plant and vent. systems etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust from mixing of drilling chemicals..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vapour from mixing of drilling chemicals..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemicals for water injection and process..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust from sandblasting and grinding..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Welding fumes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solvent vapour (painting, cleaning, degreasing etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking fumes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Radioactive material (radiography, logging, low-radioactive coating etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. Do you hold, or have you ever held a position offshore with full shift rotation with off duty periods with duration of 2–4 weeks?

- ☐ Yes. → Continue with question 31
☐ No. → Continue with question 34

OFF-DUTY PERIODS

In this section we ask you to report various activities in your off duty periods. If you do not work offshore with full rotation anymore, please report activities from when you were engaged in rotation with off duty periods with duration of 2–4 weeks.

31. What was the duration of your last off-duty period?

- ☐ 2 weeks
☐ 3 weeks
☐ 4 weeks

32. How many times during the last off-duty period did you:

| | Tick <i>one</i> box for each row | | | | |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | None | 1-2 times | 3-5 times | 6-9 times | 10 times or more |
| Practice long hiking or cross country skiing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attend a cultural or sporting event..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visit a café or restaurant..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visit a pub/bar or discotheque..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in a sports or exercise event..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in a musical, organizational, and charity event... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. During the off-duty periods of the last year you were working offshore, please report the proportion of time you usually spent on:

| | Tick <i>one</i> box for each row | | | |
|--|----------------------------------|--------------------------|--------------------------|--------------------------|
| | No time | Little time | Much time | Almost all time |
| Staying at home with my children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Resting and recovering..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Holiday travels..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courses and training..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance work on house, cabin etc..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance work on car/motorcycle/boat..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid work (please specify in question 35)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. During your professional career, have you ever held a position outside the offshore sector for more than four months? Disregard positions where you combined onshore and offshore work, but please report onshore positions during off-duty periods.

- ☐ Yes. → *Continue with question 35*
☐ No. → *Continue with question 36a*

POSITIONS BEFORE/AFTER OFFSHORE AND IN OFF-DUTY PERIODS

35. What type of positions outside the offshore sector have you held? Please classify each position according to the corresponding industry sectors:

- | | | | |
|----------------------------------|-------------------------------------|-----------------------------|-------------------------------|
| 1 = Shipping, <i>bridge/deck</i> | 6 = Chemical industry | 11 = Eletrical occupations | 16 = Academics |
| 2 = Shipping, <i>machinist</i> | 7 = Heavy industry/works/mech. ind. | 12 = Health/social services | 17 = Military |
| 3 = Shipping, <i>other</i> | 8 = Other industry | 13 = Trade/office services | 18 = Transport |
| 4 = Fishing industry | 9 = Building and construction | 14 = Hotel and restaurant | 19 = Other (specify in table) |
| 5 = Farming/forestry | 10 = Painting/surface treatment | 15 = Housework | |

In the table below, please type the *number* corresponding to the industrial sector for each position, and add information on start and stop for this position, and specify occupational title or type of work. You may merge several short-term positions within the same sector when one position followed the other, and no more than a one-year gap was in-between. State whether you worked full-time or part-time, or if you worked during off-duty periods.

Example: You have been working full-time as a nurse on a hospital or in a nursing home from 1978 until you started offshore in May 1991. Subsequently, you worked part-time in nursing home in the off duty periods. This should be stated in the first two rows of the table as follows (red text):

| Ind. sector no. | Start year | Stop year | Occupational title/type of work | You worked: | | |
|-----------------|------------|-----------|---------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| | | | | Full-time | Part-time | In off duty periods |
| 12 | 1978 | 1991 | NURSE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | 1991 | 19 | NURSE | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19 | 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

LIFESTYLE AND DIET

36. a) Do you ever drink alcohol?

- ☐ Yes. → Continue with question 36b
- ☐ No, I have quit drinking alcohol → Continue with question 37a
- ☐ No, I am teetotal → Continue with question 37a

36. b) If yes, how was your average alcohol consumption last year?

| | Tick one box for each row | | | | | | | |
|-------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Never/ rarely | 1-3 pr month | 1 pr week | 2-4 pr week | 5-8 pr week | 9-14 pr week | 15-19 pr week | 20+ pr week |
| Beer (0.5 liters) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wine (glass) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spirits (drinks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A large bottle of vodka, whisky etc = 20 drinks, a large bottle of 60% = 30 drinks

37. a) Have you ever smoked on a daily basis?

- ☐ Yes. → Continue with question 37b
- ☐ No, I have quit drinking alcohol → Continue with question 38

37. b) If you have smoked on a daily basis, please report how many cigarettes or pipes of tobacco you consumed daily for each age-period of your life.

| Age | No. of cigarettes or pipes pr. day | | | | | | | |
|-----------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30+ |
| 15-19 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20-29 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30-39 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40-49 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50-59 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60+ yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

37. c) What type of tobacco do you or did you smoke?

Tick of one box

- ☐ Cigarettes
- ☐ Roll-your-own tobacco
- ☐ Cigarettes and roll-your-own tobacco
- ☐ Pipe tobacco

38. How many times a year did you become sunburned to the extent that your skin became red and blistered and later peeled off?

| Age | Never | Max. once a year | 2-3 times a year | 4-5 times a year | 16 times or more a year |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Before 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

39. How often have you been sunbathing in a solarium?

| Age | Never | Rarely | 1-2 times a month | 3-4 times a month | More than once a week |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

40. How many weeks per year do you sunbathe outdoors?

| Age | Never | 1 week | 2-3 weeks | 4-5 weeks | 7 weeks or more |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Before 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After 20 yrs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. Do you use sunscreen lotion/cream?

- ☐ Rarely/never
☐ Often
☐ Almost always

42. Outside working hours, how often have you been exercising for a minimum of 20 minutes in a way that made you sweaty and short of breath?

[illegible]

43. How many cups or glasses do you usually drink of these beverages?

[illegible]

44. Diet at home. During the last week you were at home, how many times the did you eat any of these food items?

Tick *one* box for each row

| | Did not eat | 1-2 times a week | 3-4 times a week | 5-6 times a week | Every day | More than once a day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Carrot, raw or cooked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other vegetables, single or mixed in salads etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mayonnaise salads (coleslaw, shrimp, Waldorf etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potato, boiled or baked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| French fries, fried potato | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orange, clementine, mandarin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other fruits and berries (except jam) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cream, sour cream, whipped cream | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roast beef, boiled ham, cured ham, salami | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pâté | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Egg (scrambled, omelet, boiled) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bacon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beef, t-bone steak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other steaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bernaise sauce, dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rissoles, hamburgers, Vienna steak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot dogs, sausages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoked salmon, mackerel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

45. Diet offshore. During the last week you were offshore, how many times did you eat any of these food items? If you do not work offshore presently, please report a typical week from your last position offshore.

Tick *one* box for each row

| | Did not eat | 1-2 times a week | 3-4 times a week | 5-6 times a week | Every day | More than once a day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| Carrot, raw or cooked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other vegetables, single or mixed in salads etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mayonnaise salads (coleslaw, shrimp, Waldorf etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potato, boiled or baked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| French fries, fried potato | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orange, clementine, mandarin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other fruits and berries (except jam) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cream, sour cream, whipped cream | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roast beef, boiled ham, cured ham, salami | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pâté | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Egg (scrambled, omelet, boiled) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bacon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beef, t-bone steak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other steaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bernaise sauce, dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rissoles, hamburgers, Vienna steak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot dogs, sausages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoked salmon, mackerel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fried fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other fish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A

46. Do you usually take food supplements? You may tick several boxes.

- ☐ I do not take food supplements
- ☐ I take cod-liver oil
- ☐ I take Vitamin C
- ☐ I take multivitamin supplements
- ☐ I take fish-oil capsules
- ☐ Other:

47. Have you been taking sleeping pills?

- ☐ No, never
- ☐ Yes, occasionally
- ☐ Yes, frequently
- ☐ Yes, almost daily

48. Please report your height
cm

49. Please report your weight
kg